

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		L			52						
3		1		+			53						
4		1		+			54						
5		1		+			55						
6	1		1				56						
7		1		+			57						
8		1		+			58						
9		1		+			59						
10		3		3			60						
11		3		3			61						
12		1		+			62						
13		1		+			63						
14		1		+			64						
15		1		+			65						
16		1		+			66						
17		1		+			67						
18	1		1				68						
19		1		+			69						
20		1		+			70						
21		1		+			71						
22		1		+			72						
23		1		+			73						
24		1		+			74						
25	1		1				75						
26		1		+			76						
27		1		+			77						
28		1		+			78						
29		3		3			79						
30		3		3			80						
31		1		+			81						
32		1		+			82						
33		1		+			83						
34		1		+			84						
35		1		+			85						
36		1		+			86						
37				2			87						
38				+			88						
39				+			89						
40							90						
41							91						
42							92						
43							93						
44				+			94						
45				+			95						
46				+			96						
47				+			97						
48							98						
49							99						
50							100						
TOTAL IND.	4		8				TOTAL IND.						
TOTAL DEP.	90		43				TOTAL DEP.						
TOTAL CLAIMS	44		50				TOTAL CLAIMS						

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